## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	PAGE	: 3	36	OF		75				
(che	theck only one)									
×	11a		11b		11c		12			
	13		14		15		16	;		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	g the name and address of any political committee to	o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL AS	SOCIATION POLITICAL ACTION CO	OMMITTEE (OSMAPAC)				
Full Name (Last, First, Middle Initial) Stannard Baird Pfahl Jr., MD	Date of Receipt					
Mailing Address 922 Hidden Valley Dr	04 11 7 2015					
City Huron	State Zip Code OH 44839-2688	Transaction ID : SA11AI.5689				
<del> </del>		Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	350.00				
Name of Employer	Occupation	1				
Physician Retired	Physician					
Receipt For:  Primary  General	Aggregate Year-to-Date ▼					
Other (specify) ▼	350.00					
Full Name (Last, First, Middle Initial)  3. Marc Jeffrey Pliskin DO	Date of Receipt					
Mailing Address 2750 Turpin Knoll Ct	Mailing Address 2750 Turpin Knoll Ct					
City	State Zip Code	Transaction ID: SA11AI.5786				
Cincinnati	OH 45244-3861	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer	Occupation	1				
The Urology Group	Physician					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00					
Full Name (Last, First, Middle Initial)  C. Philip James Poon MD						
•	Mailing Address 1577 Goodman Ave Ste B					
City	State Zip Code	02 11 2015 Transaction ID : SA11AI.5588				
Cincinnati	OH 45224-1044	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	-					
Tri-State Centers For Sight Inc						
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	250.00					
SUBTOTAL of Receipts This Page (optional	I)	1100.00				
	<u>_</u> _					
TOTAL This Period (last page this line num	nber only)					